PTO/SB/22 (12-04)



Under the paper

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)						
(Fees pursuant t	FY 2005 to the Consolidated Appropriations Act, 20	42120							
Application Number	10/019,397		Filed December 28, 2001						
For METHOD FOR	PRODUCTION OF A FLEXIBLE S	HAPED STRIP		· · · · · · · · · · · · · · · · · · ·					
Art Unit 1734			Examiner B. J. Musse						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
		<u>Fee</u>	Small Entity Fee						
One mo	onth (37 CFR 1.17(a)(1))	\$120	\$60	\$					
✓ Two mo	onths (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450					
Three r	months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
Four m	onths (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
Five mo	onths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims	Applicant claims small entity status. See 37 CFR 1.27.								
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-2220 I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form.									
Provide credit card information and authorization on PTO-2038.									
I am the	applicant/inventor.								
	assignee of record of the entire Statement under 37 CFR 3.7								
V 8	attorney or agent of record. Reg	• •	•						
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34									
	Must Buse		January 25, 2005	 	397				
	Signature		Da	ite	9019				
Mark S. Bicks	,	(202) 659-9076	22 1(
Typed or printed name			Telephone Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
✓ Total of 1	forms are		·		開				
JSPTO to process) an applic complete, including gathering comments on the amount of J.S. Patent and Trademark (is required by 37 CFR 1.136(a). The informa cation. Confidentiality is governed by 35 U.S. g, preparing, and submitting the completed at time you require to complete this form and/or Office, U.S. Department of Commerce, P.O. 6. SEND TO: Commissioner for Patents, P.	.C. 122 and 37 CFR 1.11 ar pplication form to the USPTO suggestions for reducing the Box 1450, Alexandria, VA 22	d 1.14. This collection is estima D. Time will vary depending upon is burden, should be sent to the 2313-1450. DO NOT SEND FEI	ich is to file (and by the ated to take 6 minutes to on the individual case. Any Chief Information Officer, ES OR COMPLETED	01/28/2005 MMEKONEN 00000022 10019397				

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032

FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) -0- METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Number 18-2220 Deposit Account Number 18-220 Deposit Account N	Under the Panerwork Render	ten Act of 1995	nersons are red	uired to re	spond to a collection	n of infor	mation unless	it displays a v	ralid OMB o	ontrol number			
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For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) -0- Attorney Docket No. 42120				Application Nur	nber	10/019,397							
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) -0- At Unit 1734 Attorney Docket No. 42120	FEE IRANSMILIAL [Filing Date		December 28, 2001							
Art Unit 1734 Attorney Docket No. 42120 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 18-2220 Deposit Account Name; Roylamon, Abrams, Bardo & Goodman, LL.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit card information and authorization on the form may become public. Credit card information abould not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (5) Fee (6) Fee (For FY 2005			First Named Inventor		Konstantinos Poulakis							
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 18-2220 Deposit Account Name. Roylance, Abrams, Berdo & Goodman, LLP. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee Charge fee(s) indicated below, except for the filling fee Charge	TOTAL AMOUNT OF PAY	MENT (\$)	-0-		Attorney Docke	t No.	42120						
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Application Type	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
Application Type	FEE CALCULATION				-								
Utility 300 150 500 250 200 100	1. BASIC FILING, SEA	FILING F	EES			EXA							
Design 200 100 100 50 130 65	Application Type			Fee (\$)		Fee			Fees Pa	id (\$)			
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Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant ·	200	100	300	150	16	0 80			· · · · · ·			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Solution 25 Each independent claims Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 1	Reissue	300	150	500	250	60	0 300						
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Indep. Claims Extra Claim	Provisional	200	100	0	0	(0 0	٠,					
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Other: Cround up to a whole number) Fees Paid (\$) Other:	Fee Description Each claim over 20 or, for	or Reissues,							Fee (\$) 50	Fee (\$) 25			
The highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple dependent clair	ns		-			_	-					
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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Cother: Other:	HP = highest number of total Indep. Claims 1 - 3 or HP =	claims paid for, Extra Claims 0	if greater than 20 Fee (\$)	=	aid (\$)				—				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other:	If the specification and for each additional Total Sheets	I drawings e 50 sheets or Extra Shee	fraction thereo	f. See 3 er of each	5 U.S.C. 41(a) additional 50 o	(1)(G) or fracti	and 37 CFF on thereof	R 1.16(s).					
IIPMITTED BY	4. OTHER FEE(S) Non-English Specifi					.,,			Fee	s Paid (\$)			
	UBMITTED BY												

Registration No. (Attorney/Agent) 28,770 Telephone (202) 659-9076 Signature Date January 25, 2005 Name (Print/Type) Mark S. Bicks

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.